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Si Ching LIM

National University of Singapore-Duke, Singapore

Dementia falls and interventions on fall prevention

Speaker Biography

Si Ching LIM is a senior Consultant Geriatrician at Changi General Hospital (CGH), Singapore. She graduated from the Bristol University and completed her postgraduate training in General Medicine in London. She was a Nephrologist before specializing in Geriatric Medicine. She set up a department of Geriatric Medicine in Singapore General Hospital and now heads the Dementia ward at CGH. Her interests include dementia with BPSD, reducing the usage of restraints among the agitated elderly, nutrition and medical education. She is on the teaching faculties with the NUS and Dukes-NUS. She is also a visiting consultant in Ang Mo Kio Community Hospital in Singapore. Currently, she collaborates with the Department of General Surgery on management of elderly post-operative care, created a recipe book for elderly who eat poorly using oral nutritional supplements.

e: si_ching_lim@cgh.com.sg

Falls are common among the elderly with dementia. It is useful to explore factors which predispose to falls among the elderly with dementia, in addition to the physiological factors associated with ageing. The elderly with dementia are more at risk for falls compared to their peers in view of poor safety awareness, cognitive deficits, gait abnormalities, medication use for BPSD, urinary incontinence, delirium etc.

Falls among the hospital inpatients is another major issue faced by hospitals worldwide. Falls which frequently lead to immense feelings of guilt and blame among the hospital staff, with threats of litigation once a fall occurs in the hospital. Falls among the inpatients are frequently used as an indicator for measures of patient safety. Is it possible to prevent falls in the hospital? We present the possible causes of falls in a teaching hospital in Singapore and review on possible interventions to reduce in-patient falls. Also in the presentation is data from the dementia ward in the same hospital. The dementia ward is a niche service to provide care for the agitated and restless elderly who would otherwise be restrained in the general ward. The emphasis of dementia ward is non-pharmacological management of behavioural symptoms in the setting of dementia and delirium. Falls are frequently reported to be much higher in a psycho geriatric facility. Can we provide safe patient care without physical or chemical restraints?